

REF: CS/CTI 2004/66/K/d3 Special Instruction: _____

ASS. REC. BY: Survey: Kannek's ASSIGNMENT (Office)

From (Person): Pauline Thom of CTI Date/Time: 18/3/2020 09:37 am

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLS 4871J Insured: SJJ 8950J

at Workshop m/s: Supreme Auto Tel: 6458 2811

of 176 Sin Ming Drive # 02-01

Policy No: _____ Claim No: SNM20D201340/SJJ 8950J/Pauline

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/03/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 10:03 am @ 18/3/2020 Person Contacted: Winnie H.O.D. Endorsement: _____

Vehicle IN/OUT

Date/Time	Action/Instruction	Initials
	SLS 4871J - X	
	SJJ 8950J - CS/CTI 19015785 / T15 / Sn 2	DoA: 2/9/2019

ASS. REC. BY:

REF: C72 / CS1CT1 2000416L / Ktd3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

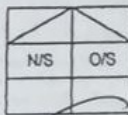
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

05 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: _____

Yr Regn: _____

Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or _____

Make: _____

Honda Vezel

cc

1496

Colour: _____

M. Grey

A/C: Insured / Std / Nil / NA

Sp. Reading _____

97852

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: _____

RU3

1251700

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD / Rim or _____

Tyre Size: _____

F: _____

215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Neuton

Front

R/Bal. _____

8

mm

Rear

R/Bal. _____

6

mm

L/Bal. _____

8

mm

L/Bal. _____

6

mm

D.O.A. _____

16/3/20

D.O.I. _____

18/3/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

Rear d/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

/

GIA not ready

3/13 L1Ry B39odencil, confirm on 22/5/20

Red: 6031.60;60%

Date/Time, File Pass to?



: Prell. Report

Days Of Repair: _____

5

22/5/2020



: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Add Fee: _____



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech Invs (\$ _____)



: Weekend (\$ _____)

Transportation: _____

S - RS - SI

Fees

Others

TOTAL

Report Format:

ump Sum / I.B.I: (\$ _____)